

Chapter Seven

Level of Care

Introduction: The information in this chapter addresses level of care issues including the criteria used to determine the resident's need for skilled or intermediate care. Instructions and information is included for the facility's Utilization Review Committee. Information is also provided on the Level of Care Monitoring Program and Appeals.

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Level of Care Criteria

Overview The following criteria are not intended to be the only determinant of the resident's need for skilled or intermediate care. Professional judgment and a thorough evaluation of the resident's medical condition and psychosocial needs are necessary, as well as an understanding of and the ability to differentiate between the need for skilled or intermediate care. The assessment of other health care alternatives should be made as applicable.

Skilled Level of Care

Skilled Nursing Care Skilled nursing services, as ordered by a physician, must be medically necessary and provided on a 24-hour basis, 7 days a week.

Skilled nursing services is the level of care that provides continuously available professional skilled nursing care but does not require the degree of medical consultation and support services available in an acute care hospital. Skilled nursing services are those furnished under the direct supervision of licensed nursing personnel and under the general direction of a physician in order to achieve the medically desired results and to assure quality patient care.

Skilled nursing services include observation and assessment of the total needs of the resident on a 24-hour basis, planning and management of a recorded treatment plan according to that which is established and approved by a physician, and rendering direct services to the resident.

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Skilled Level of Care, Continued

Need for Skilled Care: The following factors frequently indicate the need for skilled level of care:

- 24-hour performance of direct services that by physician judgment requires:
 - a registered nurse
 - a licensed practical nurse
 - other personnel working under the direct supervision of a registered nurse or licensed practical nurse
- 24-hour observation and assessment of resident needs by a registered nurse or licensed practical nurse:
 - The licensed nursing services should be intensive and directed to an acute episode or a change in the treatment plan that would require such concentrated monitoring. This level of monitoring would be evident in daily documentation in the medical record by licensed personnel. Once a resident's treatment plan becomes stable, he/she would not necessarily require skilled nursing services.
 - If the observation and assessment involves a resident's weight loss, the weight loss must be significant clinically and in relation to the resident's total body mass. The medical records must address the specific plan of treatment including such pertinent data as diagnostic testing, calorie counts, intake and output, use of dietary supplements, therapeutic diet, and frequent recording of the resident's weight. Once the resident's condition is stabilized, skilled nursing services may no longer be necessary.
- Intensive rehabilitative services as ordered by a physician and provided at least five (5) times per week by a licensed:
 - physical therapist
 - physical therapist assistant who performs services under the direction of a licensed physical therapist
 - occupational therapist
 - occupational therapy assistant under the direction of a licensed occupational therapist
 - clinical speech pathologist

Services provided by a rehabilitation aide are not considered skilled nursing care.

- administration and/or control of medication as required by state law to be the exclusive responsibility of licensed nurses:
 - drugs requiring intravenous, hypodermoclysis or nasogastric tube administration
 - the use of drugs requiring close observation during an initial stabilization period or requiring nursing skills or professional judgment on a continuous basis. Provision of such services needs to be addressed in the medical record and reflected on the FL2
 - Frequent injections requiring nursing skills or professional judgment

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Skilled Level of Care, Continued

- **Need for Skilled Care** colostomy-ileostomy: in the stabilization period following surgery and allowing for instruction of self-care
- **gastrostomy**: feedings requiring supervision and observation by licensed nurses
- **oxygen therapy**: when monitoring need or careful regulation of flow rate is required. This would not apply to residents who receive oxygen therapy continuously as a component of a stable treatment plan
- **tracheostomy**: when 24-hour tracheostomy care may be indicated
- **radiation therapy** or cancer chemotherapy: when close observation for side effects during course of treatment is required
- **isolation**: when medically necessary as a limited measure because of contagious or infectious disease
- **sterile dressings**: requiring prescription medications and aseptic technique by qualified staff (open wounds need a full description of the area and treatment plan)
- **decubitus ulcer(s)**: when infected or extensive. This refers to stage III or stage IV decubitus ulcers. Stage I decubitus ulcers would be included in the category when a dressing change is ordered at least twice a day. Observation and assessment of stage I decubitus ulcers may also require skilled nursing care when accompanied by other significant factors such as recurrent and/or difficult to treat decubiti, multiple ulcers, vascular disease, or diabetes
- **uncontrolled diabetes**: on sliding scale insulin with daily monitoring of blood glucose levels
- **certain conditions which may require SN care until maximum rehabilitation potential has been reached**

Conditions That Alone May Not Justify Skilled Care

Although any one of these conditions alone may not justify placement at the skilled level, presence of several of these factors may justify skilled care. This determination requires careful judgment.

- **diagnostic procedures**: frequent laboratory procedures when intimately related to medication administration (i.e., monitoring anticoagulants, arterial blood gas analysis, blood sugars in unstable diabetics)
- **medications**: frequent intramuscular injections, routine or PRN medication requiring daily administration, and/or judgment by a licensed nurse
- **treatments**: required observation, evaluation and assistance by skilled personnel for proper use or resident's safety (e.g., oxygen, hot packs, hot soaks, whirlpool, diathermy, IPPB, etc.)
- **teaching and adaptive programs**: (e.g., bowel and bladder training or restorative feeding) must be documented in the medical record to be considered skilled nursing care. The documentation must include the reason the program is needed at the time, the nature of the program, and the resident's progress. When the resident's condition has stabilized or he/she has reached the maximum potential, the resident may no longer require skilled nursing care. Skilled procedures including the related teaching and adaptive aspects of skilled nursing are part of the active treatment and the presence of licensed nurses at the time when they are performed is required
- **dietary**: special therapeutic diets ordered by a physician and requiring close dietary supervision for treatment or control of an illness
- **mental and behavioral problems**: mental and behavioral problems requiring treatment or observation by skilled professional personnel to the extent deemed appropriate for the nursing facility

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Intermediate Level of Care

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Intermediate Nursing Care

Intermediate care, as ordered by a physician, must be provided on a 24-hour basis, with a minimum of eight hours of licensed nurse coverage daily. Intermediate care is that level of care that provides daily licensed nursing care but does not require the 24-hour skilled nursing services required at the skilled nursing level of care. Intermediate care (IQ services must be furnished under the direction of a physician in order to promote and maintain the highest level of functioning of the resident and to assure quality resident care.

Intermediate care includes daily observation and assessment of the total needs of the resident by a licensed nurse, planning and management of a recorded treatment plan according to that which is established and approved by a physician, and rendering direct services to the resident.

In summary, the philosophy of intermediate care is to maintain residents at their maximum level of self-care and independence, prevent regression, and/or return them to a previous level or new stage of independence.

Need for Intermediate Care

The following factors frequently indicate the need for intermediate level of care:

- performance of services that by physician judgment require either:
 - a licensed nurse for a minimum of eight hours daily
 - other personnel working under the supervision of a licensed nurse
- need for daily licensed nurse observation and assessment of resident needs
- need for restorative nursing measures to maintain or restore maximum function or to prevent the advancement of progressive disabilities as much as possible. Such measures may include, but are not limited to the following:
 - a) encouraging residents to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities
 - b) use of preventive measures/devices to prevent or retard the development of contractures, such as positioning and alignment, range of motion, use of handrolls, and positioning pillows
 - c) ambulation and gait training with or without assistive devices
 - d) assistance with or supervision of transfers
- assistance with activities of daily living (i.e., bathing, eating, toileting, dressing, transfer/ambulation) including maintenance of foley catheters and ostomies, supervision of special diets, and proper skin care of incontinent residents
- need for administration and/or control of medications which, according to state law, are to be the exclusive responsibility of licensed nurses, requiring daily observation for drug effectiveness and side effects
- colostomy-ileostomy: maintenance of ostomy residents including daily monitoring and nursing intervention to assure adequate elimination and proper skin care
- oxygen therapy: oxygen as a temporary or intermittent therapy
- radiation therapy or cancer chemotherapy: when a physician determines that daily observation by a licensed nurse is required
- isolation ~ when medically necessary on a limited basis because of noncomplicated contagious or infectious disease requiring daily observation by licensed personnel not complicated by other factors requiring skilled care

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Intermediate Level of Care, Continued

Need for Intermediate Care (continued)

- dressings: requiring prescription medications and/or aseptic or sterile techniques no more than once daily by licensed staff
- skin condition:
 - decubitus ulcer(s) when not infected or extensive
 - minor skin tears, abrasions, or chronic skin conditions requiring daily observation and/or intervention by licensed personnel
- diabetes: when daily observation of dietary intake and/or medication administration is required for proper physiological control

Conditions That Alone May Not Justify Intermediate Level of Care

The following can, when present in combination, justify intermediate level placement:

- tracheostomy: when minimal assistance or observation of self-care technique is required
- need for teaching and counseling related to a disease process and/or disabilities, diet, or medication
- ancillary therapies: supervision of resident performance of procedures taught by physical, occupational, or speech therapist. This may include care of braces or prostheses and general care of plaster casts
- injections: given during the hours a nurse is on duty requiring administration and/or professional judgment by a licensed nurse
- treatments: temporary cast, braces, splint, hot or cold applications, or other applications requiring nursing care and direction
- psychosocial considerations: psychosocial condition of each resident will be evaluated in relation to his/her medical condition when determining a change in level of care. Factors taken into consideration along with the resident's medical needs include:
 - age
 - length of stay in current placement
 - location and condition of spouse
 - proximity of social support
 - effect of transfer on resident, understanding that there can always be, to a greater or lesser degree, some trauma with transfer
 - whenever a resident exhibits acute psychological symptoms, these symptoms and the need for appropriate services and supervision must have been documented by physician's orders or progress notes and/or by nursing or therapy notes. Proper and timely discharge planning will help alleviate the fear and worry of transfer
- other conditions that may require IC care:
 - a) blindness
 - b) behavioral problems such as:
 - wandering
 - verbal disruptiveness
 - combiveness
 - verbal or physical abusiveness
 - inappropriate behavior (when it can be properly managed at the intermediate level of care)
 - c) frequent falls
 - d) chronic recurrent medical problems that require daily observation by licensed personnel for prevention and/or treatment